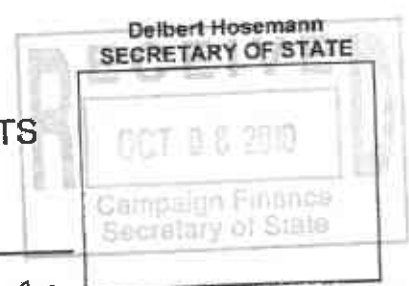


2010 ELECTION CYCLE

Judicial Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election



Name of Candidate Catherine Farris-Carter
Address P.O. Box 673-Shaw-MS 38773 County Bolivar
Telephone Work 662-721-3198 Home 662-754-2414 Fax 662-754-2414
Contact Name Catherine Farris-Carter Email Address r.kat@bellsouth.net
Office Sought Chancery Court Judge

☐ Check here if above is different from previous report

- May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
- June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
- July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
- ☒ October 10, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
- October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
- November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
- Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 0 + \$ 0	\$ 0	\$ 0
Total amount of disbursements	\$ 3,080.00 + \$ 0	\$ 0	\$ 3,080.00
Total amount of cash on hand		\$	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Catherine Farris-Carter
Signature of Candidate

10-8-10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 et. d 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39205 or fax to 601-369-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee To Elect Catherine Farris-Curtis-Chang Court
Address P.O. Box 467-Shaw-MS-38773 Judge
Telephone 662-754-2414 Fax 662-754-2414
Treasurer Roger Carter Email rdkcat@bellsouth.net

DATESTAMP

☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010) Mandatory
____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010) Mandatory
____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010) Mandatory
____ 8-10 October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010) Mandatory
____ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010) Mandatory
____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010) **Runoff Candidates**
____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010) Mandatory
____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ <u>600.00</u> + \$ <u>2402.70</u>	\$ <u>3302.70</u>	\$ <u>7072.70</u>
Total amount of disbursements	\$ <u>3375.00</u> + \$ <u>228.00</u>	\$ <u>3603.00</u>	\$ <u>3603.00</u>
Total amount of cash on hand		\$ <u>346.90</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 135, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee to Elect Catherine Farris - CAA
Reporting period 7-1-10 through 9-30-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Alan Purdie</u>		<u>7/30/10</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 2659</u>		<u>1/1</u>	\$
City, State, Zip Code <u>Ridgeland, MS 39158</u>		<u>1/1</u>	\$
Name of Employer (Required) <u>Self</u>		<u>1/1</u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Rodney & Doris Payton</u>		<u>7/30/10</u>	\$ <u>250.00</u>
Mailing Address <u>3610 Monore</u>		<u>1/1</u>	\$
City, State, Zip Code <u>Bellwood, IL 60104-2165</u>		<u>1/1</u>	\$
Name of Employer (Required) <u>Self</u>		<u>1/1</u>	\$
Occupation (Required) <u>Reporter</u>		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bernie L Richard</u>		<u>7/30/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 1404</u>		<u>1/1</u>	\$
City, State, Zip Code <u>Greenville, MS 38702</u>		<u>1/1</u>	\$
Name of Employer (Required) <u>Self</u>		<u>1/1</u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chris Powell</u>		<u>8/30/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1263</u>		<u>1/1</u>	\$
City, State, Zip Code <u>Cleveland, MS 38732</u>		<u>1/1</u>	\$
Name of Employer (Required) <u>Self</u>		<u>1/1</u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee to Elect Pothane Funnis-Curley
Reporting period 7-1-10 through 9-30-10

ITEMIZED DISBURSEMENTS

A. Full name <u>Amite Signs & Design</u>		Date (Mo., Day, Year) <u>8/15/10</u>	Amount of each disbursement this period <u>\$ 2222.75</u>
Mailing Address <u>106 East Railroad Ave.</u>			
City, State, Zip Code <u>Independence, LA 70443</u>			
Purpose of Disbursement (Optional) <u>Sign</u>		Aggregate Year-to-date	<u>\$ 2222.75</u>
B. Full name <u>Williams Design</u>		Date (Mo., Day, Year) <u>8/15/10</u>	Amount of each disbursement this period <u>\$ 401.25</u>
Mailing Address <u>306 A. E. Carpenter St.</u>			
City, State, Zip Code <u>Cleveland, MS 38732</u>			
Purpose of Disbursement (Optional) <u>Cards</u>		Aggregate Year-to-date	<u>\$ 401.25</u>
C. Full name <u>Visual Design</u>		Date (Mo., Day, Year) <u>8/15/10</u>	Amount of each disbursement this period <u>\$ 460.00</u>
Mailing Address <u>501 LAMAR Street</u>			
City, State, Zip Code <u>Greenwood, MS</u>			
Purpose of Disbursement (Optional) <u>Cards</u>		Aggregate Year-to-date	<u>\$ 460.00</u>
D. Full name <u>Bokuan Commercial</u>		Date (Mo., Day, Year) <u>8/23/10</u>	Amount of each disbursement this period <u>\$ 291.00</u>
Mailing Address <u>821 North Chrisman</u>			
City, State, Zip Code <u>Cleveland, MS 38732</u>			
Purpose of Disbursement (Optional) <u>Ad</u>		Aggregate Year-to-date	<u>\$ 291.00</u>
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	